

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

| | | |
|--|---|------------------------------|
| IN RE: | § | |
| | § | CASE NO. 25-10935-smr |
| COWAN FITNESS SOUTH ROUND ROCK, LLC | § | |
| | § | CHAPTER 11 |
| | § | SUBCHAPTER V |
| DEBTOR | § | |

DEBTOR'S MOTION TO USE CASH COLLATERAL

TO THE HONORABLE U.S. BANKRUPTCY JUDGE:

Comes now Cowan Fitness South Round Rock, LLC, the Debtor in Possession in the above entitled and numbered Chapter 11 Subchapter V proceeding (the "Debtor"), and files this motion seeking authority to use cash collateral to pay expenses of its business operations and this Chapter 11 case, and in support thereof would respectfully show the Court as follows.

SUMMARY OF RELIEF SOUGHT

1. The Debtor is a Texas limited liability company that operates a fitness studio/gym in Round Rock, Texas. The Debtor employs a studio manager, sales associates, trainers and support staff. All are W-2 Employees.

2. By this Motion, the Debtor seeks to use the cash collateral of Wells Fargo, First National Bank ("FNB"), the U.S. Small Business Administration ("SBA") and Firestone Financial/Berkshire Hathaway ("Firestone") (collectively, "the Lenders"). The Lenders, their lien priorities, UCC filing information, approximate outstanding balances and values of their respective shares of the collateral are as follows:

| Lien Holder | UCC Filing Date | UCC Filing No. | Estimated Debt | Estimated Collateral Value |
|---|---|---|----------------|----------------------------|
| Wells Fargo | 04/29/2016 Continuation 10/20/2020 | 16-0013809836 20-005855041 | \$418,967.59 | \$6,050.00 |
| Yadkin Bank (now First National Bank) SBA | 07/28/2016; Continuation 06/15/2024 | 16-0024796661; 21-00248073 | \$191,842.91 | \$0 |
| Yadkin Bank (now First National Bank) SBA | 07/28/2016; Continuation 06/15/2024 | 16-0024797056; 21-00248074 | See above | \$0 |
| Firestone Financial | 05/29/2020 Continuation 08/04/2023 | 20-0021246380 23-00343449 | \$5,199.00 | \$1,400.00 |
| Firestone Financial | 12/06/2018 Collateral Change 01/23/2019 Continuation 08/07/2023 | 18-0042658973 19-00026969 23-00345317 | See above | See above |
| Firestone Financial | 09/25/2019 Continuation 08/20/2024 | 19-0036517587 24-00477228 | See above | See above |
| SBA | 07/21/2020 | 20-0037139813 | \$365,078.61 | \$0 |
| Ascentium Lease on 14 treadmills | 02/26/2025 | 25-0007925161 | \$88,434.50 | \$69,986.00 |

3. The Debtor asserts that no person or entity has a lien on its deposit accounts as no creditor has complied with Tex. Bus. and Comm. Code § 9.312.

4. The Debtor specifically requests authority to use cash collateral in the amounts and for the purposes set forth in the budget attached as Exhibit A.

BACKGROUND

5. These Chapter 11 proceedings were commenced by a voluntary petition filed on March 24, 2025. At this time, the Debtor continues to operate its business and manage its affairs as a debtor in possession pursuant to §§ 1107 and 1108 of Bankruptcy Code. The Debtor has all of the rights, duties and powers of a trustee under § 1106 of Bankruptcy Code, except as limited by 11 U.S.C. § 1107(a).

6. In the course of its business, the Debtor incurs expenses for payroll, rent, telephone, internet, marketing, insurance, and supplies. The Debtor receives revenue from its customers for monthly membership fees.

7. In addition, the Debtor has expenses of this case that it must pay—specifically, the Debtor has requested that it may employ Frank B. Lyon as its attorney (an application for approval of that employment has been filed). The Debtor must also employ an accountant in the case and the Subchapter V Trustee must be paid.

8. It is critical to the operation of the Debtor's business, and to its reorganization efforts, that it be permitted to pay these expenses when due. The Debtor's primary source of income from which it might pay such expenses is the revenue from its customers for their membership and personal training fees. The Debtor will deposit this income into its DIP operating account pending entry of an order (or the consent of the Lenders) allowing use of cash collateral.

9. Attached hereto as Exhibit A is a six-week budget for the Debtor, showing projected income, expenses and beginning and ending cash. The amounts listed are reasonable and good faith estimations of what the Debtor needs to spend and/or accrue each month for the items identified.

10. Also attached hereto are the following exhibits:

| Exhibit | Description |
|---------|--|
| B | UCC Lien Search dated 03/16/2025 (8 days prior to Petition Date) |
| C | UCCs of Wells Fargo/SBA |
| D | UCC-1s of Yadkin Bank/FNB/SBA |
| E | UCC-1 of Firestone Financial |
| F | UCC-1 of SBA |
| G | UCC-1 of Ascentium |

11. The Debtor requests authority to use cash collateral to pay the reasonable expenses of its business operations and the reasonable expenses of the administration of this case. Specifically, the Debtor requests authority to use the cash collateral to pay up to 110% of each of the expenses set forth on Exhibit A, so long as the total of cash collateral spent during the month does not exceed by more than 5% the amount set forth on Exhibit A as that month's total.

12. The Debtor requests, in order to provide adequate protection to the Lenders that they be granted replacement security interests in and liens upon all categories of property of the Debtor and its estate upon which they each held valid, perfected and enforceable pre-petition liens and security interests in the same priority as pre-petition to the extent and only to the extent that such pre-petition lien and security interests are valid, perfected, enforceable and nonavoidable.

13. This Motion is being filed the first business day after the filing of the Voluntary Petition.

WHEREFORE, PREMISES CONSIDERED, Debtor requests the Court to enter an order granting the Motion on an interim basis, and to set a final hearing within fourteen days thereafter and, after such notice and hearing, to enter a final order authorizing the Debtor to use cash collateral according to the attached budget and the terms requested in this Motion, and granting such other and further relief to which it might show itself to be entitled.

Dated: March 25, 2025.

Respectfully submitted,

/s/ Frank B. Lyon

Frank B. Lyon, Texas SBN 12739800

Physical Address:

3800 North Lamar Boulevard, Suite 200

Austin, Texas 78756

Mailing Address:

Post Office Box 50210

Austin, Texas 78763

512-345-8964 / Fax 512-647-0047

Email: frank@franklyon.com

PROPOSED ATTORNEY FOR THE DEBTOR IN
POSSESSION, COWAN FITNESS SOUTH ROUND
ROCK, LLC

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing motion was served on March 25, 2025, on the persons named below, at the addresses indicated and by the means indicated and the attached matrix by US Mail.

Assistant United States Trustee

Gary Wright

By ECF

Subchapter V Trustee

Eric Terry

By ECF

Debtor

Cowan Fitness North Round Rock, LLC

Attn: Greg Cowan/Kathy Cowan

Email: gcowan21@hotmail.com

Email: dannyodiamonds@msn.com

/s/ Frank B. Lyon

EXHIBIT

A

6 Week Budget

| | |
|---------------|------------------------------------|
| Store Number: | Cowan Fitness South Round Rock LLC |
| Location: | OT - 0308 Round Rock |
| Start Date: | 3/30/25 |
| End Date: | 5/10/25 |

PROFIT AND LOSS

| | | Mar 30-April 5 | April 6 - 12 | April 13-19 | April 20-26 | April 27 - May 3 | May 4-10 |
|--|----|----------------|---------------|---------------|---------------|------------------|--------------|
| Beginning Cash | \$ | 60,000.00 | \$35,099.00 | \$43,068.00 | \$36,010.00 | \$ 41,625.00 | \$ 16,724.00 |
| Ordinary Income Expense | | | | | | | |
| Drop In Revenue | | | | | | | |
| Package Revenue | \$ | 230.00 | \$ 230.00 | \$ 230.00 | \$ 230.00 | \$ 230.00 | 230.00 |
| Membership Revenue - varies monthly | \$ | 13,183.00 | \$13,183.00 | \$13,183.00 | \$13,183.00 | \$ 13,183.00 | 13,183.00 |
| Internal Events | | | | | | | |
| Cross Regional Classes - Franchisor administered | \$ | (1,000.00) | \$ (1,000.00) | \$ (1,000.00) | \$ (1,000.00) | \$ (1,000.00) | (1,000.00) |
| Clothing | | | | | | | |
| Heart Rate Monitor Revenue (varies monthly) | \$ | 350.00 | \$ 350.00 | \$ 350.00 | \$ 350.00 | \$ 350.00 | 350.00 |
| Chargebacks | | | \$ (132.00) | | \$ (132.00) | | (132.00) |
| Total Revenue | \$ | 12,763.00 | \$12,631.00 | \$12,763.00 | \$12,631.00 | \$ 12,763.00 | 12,631.00 |
| | | | | | | | |
| Direct Labor - Trainer/Instructor Wages | \$ | 11,700.00 | | \$11,700.00 | | \$ 11,700.00 | |
| Direct Labor - Trainer/Instructor Bonus | \$ | 535.00 | | \$ 535.00 | | \$ 535.00 | |
| Merchant Charges - credit card processing | | | | | \$ 1,482.00 | | |
| Retail Product Costs | | | \$ 992.00 | | \$ 992.00 | | 992.00 |
| Total Cost of Goods/Services | \$ | 12,235.00 | \$ 992.00 | \$12,235.00 | \$ 2,474.00 | \$ 12,235.00 | 992.00 |
| | | | | | | | |
| Gross Profit | \$ | 528.00 | \$11,639.00 | \$ 528.00 | \$10,157.00 | \$ 528.00 | 11,639.00 |
| | | | | | | | |
| Total Personnel (Fixed Costs) | | | | | | | - |
| | | | | | | | |
| Payroll Taxes | \$ | 2,765.00 | | \$ 2,765.00 | | \$ 2,765.00 | |
| Reimbursed Expenses | \$ | 150.00 | | \$ - | | \$ 150.00 | |
| Payroll Processing Fees - ADP | \$ | 207.00 | | \$ 207.00 | | \$ 207.00 | |
| Officers Health Insurance - Life Insurance | | | | \$ 81.00 | | | |
| Total Personnel (Other Costs) | \$ | 3,122.00 | \$ - | \$ 3,053.00 | \$ - | \$ 3,122.00 | - |
| | | | | | | | |
| Rent | \$ | 11,730.00 | | \$ - | | \$ 11,730.00 | |
| Storage Rent | | | \$ - | | | | - |
| Repairs & Maintenance | | | | \$ 500.00 | | | |
| Utilities | \$ | 1,000.00 | | \$ - | | \$ 1,000.00 | |
| Music System | | | | | | | |
| Cleaning | \$ | - | | | | \$ - | |
| Janitorial Expense | \$ | 215.00 | | | | \$ 215.00 | |
| Telephone/Internet Expense | | | \$ 390.00 | | | | 390.00 |
| Total Facility | \$ | 12,945.00 | \$ 390.00 | \$ 500.00 | \$ - | \$ 12,945.00 | 390.00 |
| | | | | | | | |
| General Liability Insurance | \$ | 632.00 | | \$ - | | \$ 632.00 | |
| Total Insurance | \$ | 632.00 | \$ - | \$ - | \$ - | \$ 632.00 | - |
| | | | | | | | |
| Direct Marketing - required by Franchisor | \$ | 355.00 | \$ 355.00 | \$ 355.00 | \$ 355.00 | \$ 355.00 | 355.00 |
| National Marketing Fund - 3% of Revenue paid to Franchisor | | | \$ 1,650.00 | | \$ - | | 1,650.00 |
| Contestant Incentive | | | | | | | |
| Total Marketing | \$ | 355.00 | \$ 2,005.00 | \$ 355.00 | \$ 355.00 | \$ 355.00 | 2,005.00 |
| | | | | | | | |
| Professional Fees - Accounting | | | | \$ 603.00 | | | |
| Professional Fees - Legal | \$ | 4,000.00 | | \$ - | \$ - | \$ 4,000.00 | - |
| Sub V Trustee Fees | \$ | 1,000.00 | | \$ - | \$ - | \$ 1,000.00 | - |
| Software Lease/Support paid to Franchisor | \$ | - | | | \$ 1,048.00 | \$ - | |
| Royalty Fees - 6% of revenue paid to Franchisor | \$ | 825.00 | \$ 825.00 | \$ 825.00 | \$ 825.00 | \$ 825.00 | 825.00 |
| Printing and Reproduction | | | \$ 400.00 | | | | 400.00 |
| Office Supplies | | | | \$ 250.00 | | | |
| Dues and Subscriptions | | | \$ 50.00 | | | | 50.00 |
| Equipment Lease - 14 Treadmills | | | | \$ - | \$ 1,964.00 | | |
| Equipment Repairs & Maintenance | \$ | 550.00 | | | | \$ 550.00 | |
| Bank Service Charges | | | | | | | |
| Music/On Hold | | | | | | | |
| Total General and Administrative | \$ | 6,375.00 | \$ 1,275.00 | \$ 1,678.00 | \$ 3,837.00 | \$ 6,375.00 | 1,275.00 |
| | | | | | | | |
| Total Expenses | \$ | 23,429.00 | \$ 3,670.00 | \$ 5,586.00 | \$ 4,192.00 | \$ 23,429.00 | 3,670.00 |
| | | | | | | | |
| Net Operating Income | \$ | (22,901.00) | \$ 7,969.00 | \$ (5,058.00) | \$ 5,965.00 | \$ (22,901.00) | \$ 7,969.00 |

Other Miscellaneous Income

| | | | | | | | | | | | | |
|----------------------------------|----|-------------|----|-----------|----|------------|----|-----------|----|-------------|----|-----------|
| Total Other Income | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | - | |
| Taxes - Local | | | | | | | \$ | 350.00 | | \$ | - | |
| Miscellaneous Expense | | | | | | | | | | | | |
| Automobile Expense | \$ | - | | | | | | | \$ | - | | |
| Meals | | | | | | | | | | | | |
| Travel Expense | | | | | \$ | - | | | | | | |
| Owner Compensation - Greg Cowan | \$ | 1,000.00 | | | \$ | 1,000.00 | | | \$ | 1,000.00 | | |
| Owner Compensation - Kathy Cowan | \$ | 1,000.00 | | | \$ | 1,000.00 | | | \$ | 1,000.00 | | |
| Interest & Credit Expense | | | | | | | | | | | | |
| SBA Interest Expense | \$ | - | | | | | | | \$ | - | | |
| Finance Charge | | | | | \$ | - | | | | | | |
| Total Other Expenses | \$ | 2,000.00 | \$ | - | \$ | 2,000.00 | \$ | 350.00 | \$ | 2,000.00 | \$ | - |
| | | | | | | | | | | | | |
| Net Income | \$ | (24,901.00) | \$ | 7,969.00 | \$ | (7,058.00) | \$ | 5,615.00 | \$ | (24,901.00) | \$ | 7,969.00 |
| Ending Cash | \$ | 35,099.00 | \$ | 43,068.00 | \$ | 36,010.00 | \$ | 41,625.00 | \$ | 16,724.00 | \$ | 24,693.00 |

EXHIBIT B

TEXAS SECRETARY of STATE
JANE NELSON

Debtor Name Search

This debtor name search was performed on 03/16/2025 12:18 PM with the following search parameters:
DEBTOR NAME: COWAN FITNESS SOUTH ROUND ROCK
CITY: [Not Specified]

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|--|---------------------|--|-------|------------|
| <input type="checkbox"/> | | 16-0013809836 | Financing Statement | 04/29/2016 10:06 AM | 1 | 04/29/2026 |
| <input type="checkbox"/> | | 20-00585041 | Continuation | 11/20/2020 04:40 PM | 1 | n/a |
| Debtor | | COWAN FITNESS SOUTH ROUND ROCK LLC | | 661 LOUIS HENNA BLVD, STE 450 ROUND ROCK, TX, 78664 | | |
| Secured Party | | WELLS FARGO BANK, NATIONAL ASSOCIATION | | 625 MARQUETTE AVE 13TH FLOOR MINNEAPOLIS, MN, 55402 | | |

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|------------------------------------|---------------------|--|-------|------------|
| <input type="checkbox"/> | | 16-0024796661 | Financing Statement | 07/28/2016 02:10 PM | 2 | 07/28/2026 |
| <input type="checkbox"/> | | 21-00248073 | Continuation | 06/15/2021 01:41 PM | 1 | n/a |
| Debtor | | COWAN FITNESS NORTH ROUND ROCK LLC | | 311 UNIVERSITY BLVD., SUITE 100 ROUND ROCK, TX, 78665 | | |
| Debtor | | COWAN FITNESS SOUTH ROUND ROCK LLC | | 661 LOUIS HENNA BLVD., SUITE 450 ROUND ROCK, TX, 78664 | | |
| Secured Party | | YADKIN BANK | | 10200 MALLARD CREEK RD, BLDG #1, SUITE 210 CHARLOTTE, NC, 28262 | | |

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|------------------------------------|---------------------|--|-------|------------|
| <input type="checkbox"/> | | 16-0024797056 | Financing Statement | 07/28/2016 02:13 PM | 2 | 07/28/2026 |
| <input type="checkbox"/> | | 21-00248074 | Continuation | 06/15/2021 01:41 PM | 1 | n/a |
| Debtor | | COWAN FITNESS NORTH ROUND ROCK LLC | | 311 UNIVERSITY BLVD., SUITE 100 ROUND ROCK, TX, 78665 | | |
| Debtor | | COWAN FITNESS SOUTH ROUND ROCK LLC | | 661 LOUIS HENNA BLVD., SUITE 450 ROUND ROCK, TX, 78664 | | |
| Secured Party | | YADKIN BANK | | 10200 MALLARD CREEK RD, BLDG #1, SUITE 210 CHARLOTTE, NC, 28262 | | |

| Order | View | Filing Number | Filing Type | Filing Date | Pages | Lapse Date |
|--------------------------|------|-------------------------------------|---------------------|--|-------|------------|
| <input type="checkbox"/> | | 18-0042500747 | Financing Statement | 12/05/2018 05:00 PM | 3 | 12/05/2028 |
| <input type="checkbox"/> | | 23-00343449 | Continuation | 08/04/2023 02:41 PM | 1 | n/a |
| Debtor | | COWAN FITNESS SOUTH ROUND ROCK, LLC | | 808 SHADY BLUFF COVE ROUND ROCK, TX, 78665 | | |
| Debtor | | ORAGETHEORY FITNESS | | 808 SHADY BLUFF COVE ROUND ROCK, TX, 78665 | | |
| Secured Party | | FIRESTONE FINANCIAL, LLC | | 117 KENDRICK STREET, SUITE 200 NEEDHAM, MA, 02494-2728 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|-------------|-------------------------------------|----------------------------|---|--------------|-------------------|
| <input type="checkbox"/> | | 18-0042658973 | Financing Statement | 12/06/2018 05:00 PM | 3 | 12/06/2028 |
| <input type="checkbox"/> | | 19-00026969 | Collateral Change | 01/23/2019 09:14 AM | 2 | n/a |
| <input type="checkbox"/> | | 23-00345317 | Continuation | 08/07/2023 05:00 PM | 2 | n/a |
| Debtor | | COWAN FITNESS SOUTH ROUND ROCK, LLC | | 661 LOUIS HENNA BLVD STE 450 ROUND ROCK, TX, 78664 | | |
| Debtor | | ORAGETHEORY FITNESS | | 661 LOUIS HENNA BLVD STE 450 ROUND ROCK, TX, 78664 | | |
| Secured Party | | FIRESTONE FINANCIAL, LLC | | 117 KENDRICK STREET, SUITE 200 NEEDHAM, MA, 02494-2728 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|-------------|------------------------------------|----------------------------|---|--------------|-------------------|
| <input type="checkbox"/> | | 19-0036517587 | Financing Statement | 09/25/2019 01:49 PM | 1 | 09/25/2029 |
| <input type="checkbox"/> | | 24-00477228 | Continuation | 08/20/2024 02:45 PM | 1 | n/a |
| Debtor | | COWAN FITNESS SOUTH ROUND ROCK LLC | | 808 SHADY BLUFF COVE ROUND ROCK, TX, 78665 | | |
| Secured Party | | FIRESTONE FINANCIAL, LLC | | 117 KENDRICK STREET, SUITE 200 NEEDHAM, MA, 02494-2728 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|-------------|------------------------------------|----------------------------|--|--------------|-------------------|
| <input type="checkbox"/> | | 20-0037139813 | Financing Statement | 07/21/2020 05:40 PM | 1 | 07/21/2025 |
| Debtor | | COWAN FITNESS SOUTH ROUND ROCK LLC | | 808 SHADY BLUFF COVE ROUND ROCK, TX, 78665 | | |
| Secured Party | | U.S. SMALL BUSINESS ADMINISTRATION | | 1545 HAWKINS BLVD, SUITE 202 EL PASO, TX, 79925 | | |

| <u>Order</u> | <u>View</u> | <u>Filing Number</u> | <u>Filing Type</u> | <u>Filing Date</u> | <u>Pages</u> | <u>Lapse Date</u> |
|--------------------------|-------------|---|----------------------------|---|--------------|-------------------|
| <input type="checkbox"/> | | 25-0007925161 | Financing Statement | 02/26/2025 04:57 PM | 2 | 02/26/2030 |
| Debtor | | COWAN FITNESS SOUTH ROUND ROCK LLC | | 661 LOUIS HENNA BLVD STE 450 ROUND ROCK, TX, 78664 | | |
| Secured Party | | C T CORPORATION SYSTEM, AS REPRESENTATIVE | | 330 N BRAND BLVD, SUITE 700, ATTN: SPRS GLENDALE, CA, 91203 | | |

Select All Filings: ☐

Order Selected Filings

Order Certificate

New Search

Instructions:

- Press 'New Search' if you wish to perform another web inquiry.
- Press 'Previous' or 'Next' to scroll through the results of this inquiry.
- Enter the page number and click 'GO' button to view the desired page.
- Press 'Order Search Certificate' if you wish to order a search certificate with the parameters entered for this web inquiry.
- If you wish to order only selected filings for this debtor, check by the filings and press 'Order Selected Filings'.

- Checked filings will be retained from page to page as you scroll through the results of this inquiry.
- If an order for a search certificate or selected filings is placed against this web inquiry, the web inquiry fee will be waived.
- Check 'Select All Filings' and press 'Order Selected Filings' if you wish to order copies of all filings and full filing history for the results of this web inquiry.
- To view a particular filing document, click on the image under 'View' for the desired document.

EXHIBIT C

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CT Lien Solutions |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2727 Allen Parkway Ste. 100 Houston, TX 77019 USA |

FILING NUMBER: 16-0013809836
FILING DATE: 04/29/2016 10:06 AM
DOCUMENT NUMBER: 668359690001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--|---------------------------|-------------------------------|-----------------------------|
| OR | 1a. ORGANIZATION'S NAME Cowan Fitness South Round Rock LLC | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 661 Louis Henna Blvd, Ste 450 | | CITY Round Rock | STATE TX | POSTAL CODE 78664 |
| COUNTRY USA | | | | |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|
| OR | 2a. ORGANIZATION'S NAME | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| COUNTRY | | | | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|--|----------------------------|-------------------------------|-----------------------------|
| OR | 3a. ORGANIZATION'S NAME Wells Fargo Bank, National Association | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 625 Marquette Ave 13th Floor | | CITY Minneapolis | STATE MN | POSTAL CODE 55402 |
| COUNTRY USA | | | | |

4. COLLATERAL: This financing statement covers the following collateral:
All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles,
Instruments, and Fixtures; whether any of the foregoing is owned now or acquired
later; all accessions, additions, replacements, and substitutions relating to
any of the foregoing; all records of any kind relating to any of the foregoing.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2929 Allen Parkway, Ste. 100 Houston, TX 77019 USA |

FILING NUMBER: 20-00585041
FILING DATE: 11/20/2020 04:40 PM
DOCUMENT NUMBER: 1008978680001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | |
|--|--|---|-------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 16-0013809836 | | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 | |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement | | | |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b <u>and</u> address of Assignee in item 7c <u>and</u> also name of Assignor in item 9. For partial assignment, complete item 7 and 9 <u>and</u> also indicate affected collateral in item 8 | | | |
| 4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law | | | |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes. This Change affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. <u>AND</u> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. | | | |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) | | | |
| 6a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 6b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
| | | | SUFFIX |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) | | | |
| 7a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 7b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
| | | | SUFFIX |
| 7c. MAILING ADDRESS | | CITY | STATE |
| | | | POSTAL CODE |
| | | | COUNTRY |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: | | | |
| | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) | | | |
| If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | |
| 9a. ORGANIZATION'S NAME | | | |
| Wells Fargo Bank, National Association | | | |
| OR | | | |
| 9b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
| | | | SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: | | | |
| | | | |

FILING OFFICE COPY

EXHIBIT D

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) The First American Title Insurance Company 800-932-9966 |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) First American Title Company 901 S. 2nd Street, Suite 201 Springfield, IL 62704 USA |

FILING NUMBER: 16-0024796661
FILING DATE: 07/28/2016 02:10 PM
DOCUMENT NUMBER: 682281310002
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--|---------------------------|-------------------------------|-----------------------------|
| OR | 1a. ORGANIZATION'S NAME Cowan Fitness North Round Rock LLC | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 311 University Blvd., Suite 100 | | CITY Round Rock | STATE TX | POSTAL CODE 78665 |
| | | | | COUNTRY USA |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--|---------------------------|-------------------------------|-----------------------------|
| OR | 2a. ORGANIZATION'S NAME Cowan Fitness South Round Rock LLC | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 661 Louis Henna Blvd., Suite 450 | | CITY Round Rock | STATE TX | POSTAL CODE 78664 |
| | | | | COUNTRY USA |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|---|--------------------------|-------------------------------|-----------------------------|
| OR | 3a. ORGANIZATION'S NAME Yadkin Bank | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 10200 Mallard Creek Rd, Bldg #1, Suite 210 | | CITY Charlotte | STATE NC | POSTAL CODE 28262 |
| | | | | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
All equipment and machinery, including power driven machinery and equipment, furniture and fixtures now owned or hereafter acquired and wherever located, together with all replacements thereof, all attachments, accessories, parts and tools belonging thereto or for use in connection therewith and proceeds therefrom. All general intangibles now in force or hereafter acquired, wherever located and proceeds therefrom; said items are located on the property located at 311 University Blvd., Suite 100, Round Rock, TX 78665 and 661 Louis Henna Blvd., Suite 450 or wherever same may be located.

The Loan secured by this lien was made under a United States Small Business Administration (SBA) nationwide program which uses tax dollars to assist small business owners. If the United States is seeking to enforce this document, then under SBA regulations:a) When SBA is the holder of the Note, this document and all documents evidencing or securing this Loan will be construed in accordance with federal law.b)Secured Party or SBA may use local or state procedures for purposes such as filing papers, recording documents, giving notice, foreclosing liens, and other purposes.

By using these procedures, SBA does not waive any federal immunity from local or state control, penalty, tax or liability. No Borrower or Guarantor may claim

| | |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor | |
| 7. ALTERNATIVE DESIGNATION (if applicable): | |
| 8. OPTIONAL FILER REFERENCE DATA: | |

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

| | | |
|----|--|--------|
| OR | 9a. ORGANIZATION'S NAME Cowan Fitness North Round Rock LLC | |
| | 9b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

| | | | | |
|----|--|--|--|--------|
| OR | 10a. ORGANIZATION'S NAME | | | |
| | 10b. INDIVIDUAL'S SURNAME | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | SUFFIX |

| | | | | |
|----------------------|------|-------|-------------|---------|
| 10c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

| | | | | | |
|----|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 11a. ORGANIZATION'S NAME | | | | |
| | 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

or assert against SBA any local or state law to deny any obligation of Borrower, or defeat any claim of SBA with respect to this Loan. Any clause in this document requiring arbitration is not enforceable when SBA is the holder of the Note secured by this instrument.

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT
☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

Lien Solutions

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**CT Lien Solutions
2929 Allen Parkway, Ste. 3300
Houston, TX 77019
USA

FILING NUMBER: 21-00248073

FILING DATE: 06/15/2021 01:41 PM

DOCUMENT NUMBER: 1058957970001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

16-0024796661

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84. ☒ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to:☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b.6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) The First American Title Insurance Company 800-932-9966 |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) First American Title Company 901 S. 2nd Street, Suite 201 Springfield, IL 62704 USA |

FILING NUMBER: 16-0024797056
FILING DATE: 07/28/2016 02:13 PM
DOCUMENT NUMBER: 682281310003
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--|---------------------------|-------------------------------|-----------------------------|
| OR | 1a. ORGANIZATION'S NAME Cowan Fitness North Round Rock LLC | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 311 University Blvd., Suite 100 | | CITY Round Rock | STATE TX | POSTAL CODE 78665 |
| | | | | COUNTRY USA |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--|---------------------------|-------------------------------|-----------------------------|
| OR | 2a. ORGANIZATION'S NAME Cowan Fitness South Round Rock LLC | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 661 Louis Henna Blvd., Suite 450 | | CITY Round Rock | STATE TX | POSTAL CODE 78664 |
| | | | | COUNTRY USA |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|---|--------------------------|-------------------------------|-----------------------------|
| OR | 3a. ORGANIZATION'S NAME Yadkin Bank | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 10200 Mallard Creek Rd, Bldg #1, Suite 210 | | CITY Charlotte | STATE NC | POSTAL CODE 28262 |
| | | | | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
 All inventory, raw materials, work in progress and supplies now owned or hereafter acquired, proceeds therefrom and wherever located. All accounts and accounts receivable now outstanding or hereafter arising.; said items are located on the property located at 311 University Blvd., Suite 100, Round Rock, TX 78665 and 661 Louis Henna Blvd., Suite 450, Round Rock, TX 78664 or wherever same may be located.

The Loan secured by this lien was made under a United States Small Business Administration (SBA) nationwide program which uses tax dollars to assist small business owners. If the United States is seeking to enforce this document, then under SBA regulations:a) When SBA is the holder of the Note, this document and all documents evidencing or securing this Loan will be construed in accordance with federal law.b)Secured Party or SBA may use local or state procedures for purposes such as filing papers, recording documents, giving notice, foreclosing liens, and other purposes.

By using these procedures, SBA does not waive any federal immunity from local or state control, penalty, tax or liability. No Borrower or Guarantor may claim or assert against SBA any local or state law to deny any obligation of Borrower, or defeat any claim of SBA with respect to this Loan. Any clause in this

| | |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser | |
| 7. ALTERNATIVE DESIGNATION (if applicable): | |
| 8. OPTIONAL FILER REFERENCE DATA: | |

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

| | | |
|----|--|--------|
| OR | 9a. ORGANIZATION'S NAME Cowan Fitness North Round Rock LLC | |
| | 9b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

| | | | | |
|----|--|--|--|--------|
| OR | 10a. ORGANIZATION'S NAME | | | |
| | 10b. INDIVIDUAL'S SURNAME | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | SUFFIX |

| | | | | |
|----------------------|------|-------|-------------|---------|
| 10c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

| | | | | | |
|----|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 11a. ORGANIZATION'S NAME | | | | |
| | 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

document requiring arbitration is not enforceable when SBA is the holder of the Note secured by this instrument.

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT
☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

Lien Solutions

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**CT Lien Solutions
2929 Allen Parkway, Ste. 3300
Houston, TX 77019
USA

FILING NUMBER: 21-00248074

FILING DATE: 06/15/2021 01:41 PM

DOCUMENT NUMBER: 1058957990001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

16-0024797056

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84. ☒ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to:☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b.6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

EXHIBIT E

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1557 79830 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 | |

18-0042500747

12/05/2018 05:00 PM



FILED

TEXAS
SECRETARY OF STATE

SOS



853497490003

Filed In: Texas
(S.O.S.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|--|
| 1a. ORGANIZATION'S NAME Cowan Fitness South Round Rock, LLC | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 808 Shady Bluff Cove | | CITY Round Rock | STATE TX | POSTAL CODE 78665 COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|--|
| 2a. ORGANIZATION'S NAME Oragetheory Fitness | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 808 Shady Bluff Cove | | CITY Round Rock | STATE TX | POSTAL CODE 78665 COUNTRY USA |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|---|
| 3a. ORGANIZATION'S NAME Firestone Financial, LLC | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 117 Kendrick Street, Suite 200 | | CITY Needham | STATE MA | POSTAL CODE 02494-2728 COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
All assets and personal property of the Borrower and any assets in which the Borrower may have previously granted a security interest to Lender in each case, whether now or hereafter existing, which is now or hereafter owned by Borrower or in which Borrower now has or hereafter acquires rights, and howsoever Borrower's interests therein may arise or appear (whether by ownership, security interest, claim or otherwise), including, but not limited to (A) all equipment, fixtures, inventory, goods, accounts, chattel paper, general intangibles, documents, instruments, contracts, securities, in each case as such terms are defined in the Code (B) the items listed below or an any Schedule "A" which may be attached hereto and made a part hereof, and (C) such items which shall be listed on any Addendums to Schedule "A" and which shall be attached to any Promissory Note or other amendment to any security agreement and made a part hereof; and (ii) all parts of, all accessions to, all replacements for, all products of, all payments of any type in lieu of or in respect of, and all documents and general intangibles covering or relating to, any or all of the foregoing; all proceeds of any and all of the foregoing Collateral and, to the extent not otherwise included, all payments under insurance (whether or not Lender is the loss payee thereof), or under any indemnity, warranty or guaranty by reason of loss to or otherwise

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

1557 79830

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

Cowan Fitness South Round Rock, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

with respect to any of the foregoing Collateral.

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

SCHEDULE "A"

| Qty | Item Number | Description | Serial Number |
|-----|-------------|-----------------------------|---------------|
| 14 | e TBD | FREEMOTION REFLEX TREADMILL | |
| | | | |

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC |
| B. E-MAIL CONTACT AT SUBMITTER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company 251 LITTLE FALLS DRIVE Wilmington, DE 19808 USA |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

FILING NUMBER: 23-00343449
FILING DATE: 08/04/2023 02:41 PM
DOCUMENT NUMBER: 1272260210001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | |
|--|---------------------|---|---------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 18-0042500747 | | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 | |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement | | | |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b <u>and</u> address of Assignee in item 7c <u>and</u> also name of Assignor in item 9. For partial assignment, complete item 7 and 9 <u>and</u> also indicate affected collateral in item 8 | | | |
| 4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law | | | |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes. This Change affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. <u>AND</u> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. | | | |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) | | | |
| 6a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) | | | |
| 7a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 7b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE COUNTRY |
| 8. COLLATERAL CHANGE: Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: | | | |
| | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | |
| 9a. ORGANIZATION'S NAME Firestone Financial, LLC | | | |
| OR | | | |
| 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: | | | |

FILING OFFICE COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1558 26149 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 | |



Filed In: Texas (S.O.S.)

N3

18-0042658973

12/06/2018 05:00 PM



FILED

TEXAS SECRETARY OF STATE

SOS



853837240008

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|-------------------------------|
| 1a. ORGANIZATION'S NAME Cowan Fitness South Round Rock, LLC | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 661 Louis Henna Blvd Ste 450 | | CITY Round Rock | STATE TX | POSTAL CODE 78664 COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|-------------------------------|
| 2a. ORGANIZATION'S NAME oragetheory fitness | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 661 Louis Henna Blvd Ste 450 | | CITY Round Rock | STATE TX | POSTAL CODE 78664 COUNTRY USA |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|------------------------------------|
| 3a. ORGANIZATION'S NAME Firestone Financial, LLC | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 117 Kendrick Street, Suite 200 | | CITY Needham | STATE MA | POSTAL CODE 02494-2728 COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

All assets and personal property of the Borrower and any assets in which the Borrower may have previously granted a security interest to Lender in each case, whether now or hereafter existing, which is now or hereafter owned by Borrower or in which Borrower now has or hereafter acquires rights, and howsoever Borrower's interests therein may arise or appear (whether by ownership, security interest, claim or otherwise), including, but not limited to (A) all equipment, fixtures, inventory, goods, accounts, chattel paper, general intangibles, documents, instruments, contracts, securities, in each case as such terms are defined in the Code (B) the items listed below or an any Schedule "A" which may be attached hereto and made a part hereof, and (C) such items which shall be listed on any Addendums to Schedule "A" and which shall be attached to any Promissory Note or other amendment to any security agreement and made a part hereof; and (ii) all parts of, all accessions to, all replacements for, all products of, all payments of any type in lieu of or in respect of, and all documents and general intangibles covering or relating to, any or all of the foregoing; all proceeds of any and all of the foregoing Collateral and, to the extent not otherwise included, all payments under insurance (whether or not Lender is the loss payee thereof), or under any indemnity, warranty or guaranty by reason of loss to or otherwise

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: ☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

1558 26149

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

Cowan Fitness South Round Rock, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):
with respect to any of the foregoing Collateral.

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

SCHEDULE "A"

| Qty | Item Number | Description | Serial Number |
|-----|-------------|-----------------------------|---------------|
| 14 | TBD | FREEMOTION REFLEX TREADMILL | |
| | | | |

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
251 LITTLE FALLS DRIVE
Wilmington, DE 19808
USA

FILING NUMBER: 19-00026969

FILING DATE: 01/23/2019 09:14 AM

DOCUMENT NUMBER: 862755990001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

18-0042658973

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to:☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b.6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8. ☒ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☒ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:

All assets and personal property of the Borrower and any assets in which the Borrower may have previously granted a security interest to Lender in each case, whether now or hereafter existing, which is now or hereafter owned by Borrower or in which Borrower now has or hereafter acquires rights, and howsoever Borrower's interests therein may arise or appear (whether by ownership, security interest, claim or otherwise), including, but not limited to (A) all equipment, fixtures, inventory, goods, accounts, chattel paper, general intangibles, documents, instruments, contracts, securities, in each case as such terms are defined in the Code (B) the items listed below or an any Schedule "A" which may

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR

Firestone Financial, LLC

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

Debtor: Cowan Fitness South Round Rock, LLC [158057437]

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

| | |
|---|---|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form | |
| 18-0042658973 | |
| 12. NAME of PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form | |
| OR | 12a. ORGANIZATION'S NAME Firestone Financial, LLC |
| | 12b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | |
|---|---------------------------|---------------------|-------------------------------|--------|
| 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13): Provide only <u>one</u> Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit | | | | |
| OR | 13a. ORGANIZATION'S NAME | | | |
| | 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

| |
|---|
| 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): |
| be attached hereto and made a part hereof, and (C) such items which shall be listed on any Addendums to Schedule "A" and which shall be attached to any Promissory Note or other amendment to any security agreement and made a part hereof; and (ii) all parts of, all accessions to, all replacements for, all products of, all payments of any type in lieu of or in respect of, and all documents and general intangibles covering or relating to, any or all of the foregoing; all proceeds of any and all of the foregoing Collateral and, to the extent not otherwise included, all payments under insurance (whether or not Lender is the loss payee thereof), or under any indemnity, warranty or guaranty by reason of loss to or otherwise with respect to any of the foregoing Collateral. (14) Freemotion Reflex Treadmill SN: KK15029800109, KK15029800108, KK15029800163, KK15029800158, KK15029800164, KK15029800110, KK15029800160, KK15029800162, KK15029800157, KK15029800104, KK15029800161, KK15029800102, KK15029800154, KK15029800185. |

| | |
|--|---------------------------------|
| 15. THIS FINANCING STATEMENT AMENDMENT: | 17. Description of real estate: |
| <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing | |
| 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): | |
| 18. MISCELLANEOUS: | |

FILING OFFICE COPY

23-00345317

08/07/2023 05:00 PM



FILED

TEXAS
SECRETARY OF STATE

SOS



1272611280009

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2619 75964 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 | |
| Filed In: Texas (S.O.S.) | |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | | | | | | |
|---|--|---------------------|--|-------------------------------|--|--------|--|--|--|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 18-0042658973 12/6/2018 | | | | | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13. | | | | |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement | | | | | | | | | |
| 3. <input type="checkbox"/> ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8. | | | | | | | | | |
| 4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law | | | | | | | | | |
| 5. PARTY INFORMATION CHANGE: Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND: Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b | | | | | | | | | |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) | | | | | | | | | |
| 6a. ORGANIZATION'S NAME Cowan Fitness South Round Rock, LLC | | | | | | | | | |
| OR | | | | | | | | | |
| 6b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX | | | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) | | | | | | | | | |
| 7a. ORGANIZATION'S NAME | | | | | | | | | |
| OR | | | | | | | | | |
| 7b. INDIVIDUAL'S SURNAME | | | | | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | | | | | |
| SUFFIX | | | | | | | | | |
| 7c. MAILING ADDRESS | | | | | | | | | |
| CITY | | | | | | | | | |
| STATE | | | | | | | | | |
| POSTAL CODE | | | | | | | | | |
| COUNTRY | | | | | | | | | |
| 8. COLLATERAL CHANGE: Check only one box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral Indicate collateral: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8 | | | | | | | | | |
| All assets and personal property of the Borrower and any assets in which the Borrower may have previously granted a security interest to Lender in each case, whether now or hereafter existing, which is now or hereafter owned by Borrower or in which Borrower now has or hereafter acquires rights; and howsoever Borrower's interests therein may arise or appear (whether by ownership, security interest, claim or otherwise), including, but not limited to (A) all equipment, fixtures, inventory, goods, accounts, chattel paper, general intangibles, documents, instruments, contracts, securities, in each case as such terms are defined in the Code (B) the items listed below or on any Schedule "A" which may be | | | | | | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | | | | | | | |
| 9a. ORGANIZATION'S NAME Firestone Financial, LLC | | | | | | | | | |
| OR | | | | | | | | | |
| 9b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX | | | |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor: Cowan Fitness South Round Rock, LLC | | | | | | | | | |

2619 75964

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

| | |
|--|--------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 18-0042658973 12/6/2018 | |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form | |
| 12a. ORGANIZATION'S NAME Firestone Financial, LLC | |
| OR | |
| 12b. INDIVIDUAL'S SURNAME | |
| FIRST PERSONAL NAME | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | |
|--|---------------------------|---------------------|-------------------------------|
| 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit | | | |
| 13a. ORGANIZATION'S NAME | | | |
| OR | 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
| | | | SUFFIX |

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ☒ ITEM 8 (Collateral) OR ☐ OTHER INFORMATION (Please Describe)

attached hereto and made a part hereof, and (C) such items which shall be listed on any Addendums to Schedule "A" and which shall be attached to any Promissory Note or other amendment to any security agreement and made a part hereof; and (ii) all parts of, all accessions to, all replacements for, all products of, all payments of any type in lieu of or in respect of, and all documents and general intangibles covering or relating to, any or all of the foregoing; all proceeds of any and all of the foregoing Collateral and, to the extent not otherwise included, all payments under insurance (whether or not Lender is the loss payee thereof), or under any indemnity, warranty or guaranty by reason of loss to or otherwise with respect to any of the foregoing Collateral. (14) Freemotion Reflex Treadmill; SN: KK15029800109, KK15029800108, KK15029800163, KK15029800158, KK15029800164, KK15029800110, KK15029800160, KK15029800162, KK15029800157, KK15029800104, KK15029800161, KK15029800102, KK15029800154, KK15029800185.

| | |
|---|---------------------------------|
| 15. This FINANCING STATEMENT AMENDMENT: <input type="checkbox"/> covers timber to be cut; <input type="checkbox"/> covers as-extracted collateral; <input type="checkbox"/> is filed as a fixture filing | 17. Description of real estate: |
| 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): | |

18. MISCELLANEOUS:

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company 251 LITTLE FALLS DRIVE Wilmington, DE 19808 USA |

FILING NUMBER: 19-0036517587
FILING DATE: 09/25/2019 01:49 PM
DOCUMENT NUMBER: 916051940001
FILED: Texas Secretary of State
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| | | | | |
|---|--------------------------|---------------------------|--|----------------------------------|
| 1. DEBTOR'S NAME - Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here <input type="checkbox"/> and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) | | | | |
| 1a. ORGANIZATION'S NAME Cowan Fitness South Round Rock LLC | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 808 Shady Bluff Cove | | CITY Round Rock | STATE TX | POSTAL CODE 78665 |
| COUNTRY USA | | | | |
| 2. DEBTOR'S NAME - Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here <input type="checkbox"/> and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) | | | | |
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only <u>one</u> Secured Party name (3a or 3b) | | | | |
| 3a. ORGANIZATION'S NAME Firestone Financial, LLC | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 117 Kendrick Street, Suite 200 | | CITY Needham | STATE MA | POSTAL CODE 02494-2728 |
| | | | | COUNTRY USA |
| 4. COLLATERAL: This financing statement covers the following collateral: All assets and personal property of the Borrower and any assets in which the Borrower may have previously granted a security interest to Lender in each case, whether now or hereafter existing, which is now or hereafter owned by Borrower or in which Borrower now has or hereafter acquires rights, and howsoever Borrower's interests therein may arise or appear (whether by ownership, security interest, claim or otherwise), including, but not limited to (A) all equipment, fixtures, inventory, goods, accounts, chattel paper, general intangibles, documents, instruments, contracts, securities, in each case as such terms are defined in the Code (B) the items listed below or on any Schedule "A" which may be attached hereto and made a part hereof, and (C) such items which shall be listed on any Addendums to Schedule "A" and which shall be attached to any Promissory Note or other amendment to any security agreement and made a part hereof; and (ii) all parts of, all accessions to, all replacements for, all products of, all payments of any type in lieu of or in respect of, and all documents and general intangibles covering or relating to, any or all of the foregoing; all proceeds of any and all of the foregoing Collateral and, to the extent not otherwise included, all payments under insurance (whether or not Lender is the loss payee thereof), or under any indemnity, warranty or guaranty by reason of loss to or otherwise with respect to any of the foregoing Collateral. | | | | |
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | | | | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | | | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor | | | | |
| 8. OPTIONAL FILER REFERENCE DATA: [170360937] | | | | |

FILING OFFICE COPY

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC |
| B. E-MAIL CONTACT AT SUBMITTER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company 251 LITTLE FALLS DRIVE Wilmington, DE 19808 USA |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

FILING NUMBER: 24-00477228**FILING DATE: 08/20/2024 02:45 PM****DOCUMENT NUMBER: 1394478930001****FILED: Texas Secretary of State****IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

| | | | | | |
|--|--|--|-------------------------------|-------------|---------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 19-0036517587 | | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 | | | |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement | | | | | |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b <u>and</u> address of Assignee in item 7c <u>and</u> also name of Assignor in item 9. For partial assignment, complete item 7 and 9 <u>and</u> also indicate affected collateral in item 8 | | | | | |
| 4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law | | | | | |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes. This Change affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. <u>AND</u> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. | | | | | |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) | | | | | |
| 6a. ORGANIZATION'S NAME | | | | | |
| OR | | | | | |
| 6b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) | | | | | |
| 7a. ORGANIZATION'S NAME | | | | | |
| OR | | | | | |
| 7b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 7c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| 8. COLLATERAL CHANGE: Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: | | | | | |
| | | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | | | |
| 9a. ORGANIZATION'S NAME Firestone Financial, LLC | | | | | |
| OR | | | | | |
| 9b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 10. OPTIONAL FILER REFERENCE DATA: 10012776 - 55991 [290809125] | | | | | |

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EXHIBIT F

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC |
| B. E-MAIL CONTACT AT FILER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company 251 LITTLE FALLS DRIVE Wilmington, DE 19808 USA |

FILING NUMBER: 20-0037139813
FILING DATE: 07/21/2020 05:40 PM
DOCUMENT NUMBER: 984579780001
FILED: Texas Secretary of State
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1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--------------------------|---------------------------|-------------------------------|-----------------------------|
| 1a. ORGANIZATION'S NAME Cowan Fitness South Round Rock LLC | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 808 Shady Bluff Cove | | CITY Round Rock | STATE TX | POSTAL CODE 78665 |
| | | | | COUNTRY USA |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|--------------------------|------------------------|-------------------------------|-----------------------------|
| 3a. ORGANIZATION'S NAME U.S. Small Business Administration | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 1545 Hawkins Blvd, Suite 202 | | CITY El Paso | STATE TX | POSTAL CODE 79925 |
| | | | | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
 All tangible and intangible personal property, including, but not limited to:
 (a) inventory, (b) equipment, (c) instruments, including promissory notes (d) chattel paper, including tangible chattel paper and electronic chattel paper, (e) documents, (f) letter of credit rights, (g) accounts, including health-care insurance receivables and credit card receivables, (h) deposit accounts, (i) commercial tort claims, (j) general intangibles, including payment intangibles and software and (k) as-extracted collateral as such terms may from time to time be defined in the Uniform Commercial Code. The security interest Borrower grants includes all accessions, attachments, accessories, parts, supplies and replacements for the Collateral, all products, proceeds and collections thereof and all records and data relating thereto. 232538 8105

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

6b. Check only if applicable and check only one box:
☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

[193435973]

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EXHIBIT G

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) JOHN JAMES |
| B. E-MAIL CONTACT AT SUBMITTER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2929 Allen Parkway, Ste. 3300 Houston, TX 77019 USA |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

FILING NUMBER: 25-0007925161
FILING DATE: 02/26/2025 04:57 PM
DOCUMENT NUMBER: 1456022090001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
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1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--|---------------------------|-------------------------------|-----------------------------|
| OR | 1a. ORGANIZATION'S NAME COWAN FITNESS SOUTH ROUND ROCK LLC | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 661 LOUIS HENNA BLVD STE 450 | | CITY ROUND ROCK | STATE TX | POSTAL CODE 78664 |
| | | | | COUNTRY USA |

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|
| OR | 2a. ORGANIZATION'S NAME | | | |
| | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|---|-------------------------|-------------------------------|-----------------------------|
| OR | 3a. ORGANIZATION'S NAME C T Corporation System, as representative | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 330 N Brand Blvd, Suite 700, Attn: SPRS | | CITY Glendale | STATE CA | POSTAL CODE 91203 |
| | | | | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
 The equipment, inventory, and personal property related thereto financed under, covered by or described in the lease, rental, equipment finance agreement or installment payment agreement designated as Agreement No. 2826306 (collectively, "Collateral"), together with all replacements for, additions to, substitutions for and accessions to the Collateral and all proceeds of any of the foregoing, including, without limitation, proceeds of insurance. A more detailed description of the Collateral is maintained by secured party/lessor in its books and records and may be made available upon request to the secured party/lessor.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

6b. Check only if applicable and check only one box.

7. ALTERNATIVE DESIGNATION (if applicable): ☒ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

PROPOSED ORDER

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

| | | |
|----------------------------|---|------------------------------|
| IN RE: | § | |
| | § | CASE NO. 25-10935-smr |
| COWAN FITNESS SOUTH | § | |
| ROUND ROCK, LLC | § | CHAPTER 11 |
| | § | SUBCHAPTER V |
| DEBTOR | § | |

**INTERIM ORDER AUTHORIZING USE OF
CASH COLLATERAL AND GRANTING ADEQUATE PROTECTION**

Came on for consideration the *Motion of Cowan Fitness South Round Rock, LLC. to Use Cash Collateral* (the “Application”) filed on March 24, 2025 by Cowan Fitness South Round Rock, LLC (the “Debtor”) pursuant to Section 363(c) of Title 11 of the United States Code (the “Bankruptcy Code”) and Rule 4001(c) of the Federal Rules of Bankruptcy Procedure (the “Rules”). The Debtor appeared through its attorney of record, Frank B. Lyon. The Subchapter V

Trustee and the United States Trustee, also appeared. After consideration of the Application, the file and record in this Chapter 11 case, and sufficient cause appearing;

THE COURT HEREBY MAKES THE FOLLOWING FINDINGS OF FACTS AND CONCLUSIONS OF LAW:

A. Petition. On March 24, 2025 (the “Petition Date”), the Debtor filed its voluntary petition under Chapter 11 Subchapter V of the Bankruptcy Code. The Debtor is a debtor-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.

B. Jurisdiction. The Court has jurisdiction over this proceeding and the parties and property affected hereby pursuant to 28 U.S.C. §§ 157(b) and 1334. The Application is a “core” proceeding as defined in 28 U.S.C. § 157(b). Venue of this case and the Application in this Court is proper pursuant to 28 U.S.C. §§ 1408 and 1409.

C. Notice. The Debtor gave sufficient notice of the Application. Notice of the Application and the related hearing has also been given to the Debtor’s 20 largest unsecured creditors and to the United States Trustee for the Western District of Texas. Such notice complies with Bankruptcy Rule 4001(c).

D. Adequate Protection of the Lenders. The Lenders (as defined in the Motion) will receive adequate protection of their interests in its collateral in the form of replacement liens on all post-petition property of the Debtor as described in their UCC-1 financing statements filed with the Secretary of State of Texas.

E. Immediate Entry. Sufficient cause exists for immediate entry of this Order pursuant to Bankruptcy Rule 4001(c)(2). No party appearing in this case has filed or made an objection to the relief sought in the Application and the entry of this Order, or any objections that were made are hereby overruled, or have been resolved by agreement.

F. Best Interests. It is in the best interests of the creditors and the estate for the entry of this Order.

G. Based upon the foregoing, and after due consideration and good cause appearing,

IT IS HEREBY ORDERED, ADJUDGED AND DECREED THAT:

I. AUTHORIZATION AND CONDITIONS TO USE OF CASH COLLATERAL

1. Application Granted. The Application is granted pursuant to Bankruptcy Rule 4001(c)(2) to the extent that the Debtor is authorized to use cash collateral in accordance with Exhibit A attached hereto. The expenses of the Debtor shall not exceed the budgeted amount by more than 10% per line item, and 5% in the aggregate, absent the written consent of First National Bank and the U.S. SBA or further order of the Court. The Debtor shall have the right to seek authority to use Cash Collateral on an expedited basis from the Court.

II. POST-PETITION LIENS; ADEQUATE PROTECTION

2. Post-petition Liens. As adequate protection for the Debtor's use of cash collateral generated by its Collateral, The Lenders (as defined in the Motion) are hereby granted replacement security interests in and liens upon all categories of property of the Debtor and its estate, upon which it held valid, perfected and enforceable pre-petition liens and security interests in the same priority as pre-petition to the extent and only to the extent that such pre-petition lien and security interests are valid, perfected, enforceable and nonavoidable.

3. For the avoidance of doubt, the post-petition liens granted by this Order do not extend to any Chapter 5 causes of action or other avoidance actions held or that may be held by the Debtor.

III. FINAL HEARING

4. Final Hearing. A final hearing on Debtor's Use of Cash Collateral is set for the date and time and manner set forth above. Counsel for Debtor is responsible for notice.

IV. RETENTION OF JURISDICTION

5. Retention of Jurisdiction. IT IS FURTHER ORDERED that the Court shall retain jurisdiction with respect to all matters arising from or relating to the implementation, enforcement, and/or interpretation of this Order.

#

Order prepared by:
LAW OFFICES OF FRANK LYON
By: /s/ Frank B. Lyon
Frank B. Lyon
Texas State Bar No. 12739800
Physical Address:
3800 North Lamar Boulevard, Suite 200
Austin, Texas 72756
Mailing Address:
Post Office Box 50210
Austin, Texas 78763
Telephone: 512.345.8964
Facsimile: 512.697.0047
frank@frankyon.com

*Proposed Counsel for Cowan Fitness South Round Rock,
LLC*

EXHIBIT A

| | | |
|---------------|---------------|----------------------|
| Store Number: | Cowan Fitness | South Round Rock LLC |
| Location: | OT - 0308 | |
| | Round Rock | |
| Start Date: | 3/30/25 | |
| End Date: | 5/10/25 | |

| | Mar 30-April 5 | April 6 - 12 | April 13-19 | April 20-26 | April 27 - May 3 | May 4-10 |
|--|-----------------------|--------------------|----------------------|--------------------|-----------------------|--------------------|
| Beginning Cash | \$ 60,000.00 | \$35,099.00 | \$43,068.00 | \$36,010.00 | \$ 41,625.00 | \$ 16,724.00 |
| Ordinary Income Expense | | | | | | |
| Drop In Revenue | | | | | | |
| Package Revenue | \$ 230.00 | \$ 230.00 | \$ 230.00 | \$ 230.00 | \$ 230.00 | 230.00 |
| Membership Revenue - varies monthly | \$ 13,183.00 | \$13,183.00 | \$13,183.00 | \$13,183.00 | \$ 13,183.00 | 13,183.00 |
| Internal Events | | | | | | |
| Cross Regional Classes - Franchisor administered | \$ (1,000.00) | \$ (1,000.00) | \$ (1,000.00) | \$ (1,000.00) | \$ (1,000.00) | (1,000.00) |
| Clothing | | | | | | |
| Heart Rate Monitor Revenue (varies monthly) | \$ 350.00 | \$ 350.00 | \$ 350.00 | \$ 350.00 | \$ 350.00 | 350.00 |
| Chargebacks | | \$ (132.00) | | \$ (132.00) | | (132.00) |
| Total Revenue | \$ 12,763.00 | \$12,631.00 | \$12,763.00 | \$12,631.00 | \$ 12,763.00 | 12,631.00 |
| Direct Labor - Trainer/Instructor Wages | \$ 11,700.00 | | \$11,700.00 | | \$ 11,700.00 | |
| Direct Labor - Trainer/Instructor Bonus | \$ 535.00 | | \$ 535.00 | | \$ 535.00 | |
| Merchant Charges - credit card processing | | | | \$ 1,482.00 | | |
| Retail Product Costs | | \$ 992.00 | | \$ 992.00 | | 992.00 |
| Total Cost of Goods/Services | \$ 12,235.00 | \$ 992.00 | \$12,235.00 | \$ 2,474.00 | \$ 12,235.00 | 992.00 |
| Gross Profit | \$ 528.00 | \$11,639.00 | \$ 528.00 | \$10,157.00 | \$ 528.00 | 11,639.00 |
| Total Personnel (Fixed Costs) | | | | | | |
| | | | | | | - |
| Payroll Taxes | \$ 2,765.00 | | \$ 2,765.00 | | \$ 2,765.00 | |
| Reimbursed Expenses | \$ 150.00 | | \$ - | | \$ 150.00 | |
| Payroll Processing Fees - ADP | \$ 207.00 | | \$ 207.00 | | \$ 207.00 | |
| Officers Health Insurance - Life Insurance | | | \$ 81.00 | | | |
| Total Personnel (Other Costs) | \$ 3,122.00 | \$ - | \$ 3,053.00 | \$ - | \$ 3,122.00 | - |
| Rent | \$ 11,730.00 | | \$ - | | \$ 11,730.00 | |
| Storage Rent | | \$ - | | | | - |
| Repairs & Maintenance | | | \$ 500.00 | | | |
| Utilities | \$ 1,000.00 | | \$ - | | \$ 1,000.00 | |
| Music System | | | | | | |
| Cleaning | \$ - | | | | \$ - | |
| Janitorial Expense | \$ 215.00 | | | | \$ 215.00 | |
| Telephone/Internet Expense | | \$ 390.00 | | | | 390.00 |
| Total Facility | \$ 12,945.00 | \$ 390.00 | \$ 500.00 | \$ - | \$ 12,945.00 | 390.00 |
| General Liability Insurance | \$ 632.00 | | \$ - | | \$ 632.00 | |
| Total Insurance | \$ 632.00 | \$ - | \$ - | \$ - | \$ 632.00 | - |
| Direct Marketing - required by Franchisor | \$ 355.00 | \$ 355.00 | \$ 355.00 | \$ 355.00 | \$ 355.00 | 355.00 |
| National Marketing Fund - 3% of Revenue paid to Franchisor | | \$ 1,650.00 | | \$ - | | 1,650.00 |
| Contestant Incentive | | | | | | |
| Total Marketing | \$ 355.00 | \$ 2,005.00 | \$ 355.00 | \$ 355.00 | \$ 355.00 | 2,005.00 |
| Professional Fees - Accounting | | | \$ 603.00 | | | |
| Professional Fees - Legal | \$ 4,000.00 | | \$ - | \$ - | \$ 4,000.00 | - |
| Sub V Trustee Fees | \$ 1,000.00 | | \$ - | \$ - | \$ 1,000.00 | - |
| Software Lease/Support paid to Franchisor | \$ - | | | \$ 1,048.00 | \$ - | |
| Royalty Fees - 6% of revenue paid to Franchisor | \$ 825.00 | \$ 825.00 | \$ 825.00 | \$ 825.00 | \$ 825.00 | 825.00 |
| Printing and Reproduction | | \$ 400.00 | | | | 400.00 |
| Office Supplies | | | \$ 250.00 | | | |
| Dues and Subscriptions | | \$ 50.00 | | | | 50.00 |
| Equipment Lease - 14 Treadmills | | | \$ - | \$ 1,964.00 | | |
| Equipment Repairs & Maintenance | \$ 550.00 | | | | \$ 550.00 | |
| Bank Service Charges | | | | | | |
| Music/On Hold | | | | | | |
| Total General and Administrative | \$ 6,375.00 | \$ 1,275.00 | \$ 1,678.00 | \$ 3,837.00 | \$ 6,375.00 | 1,275.00 |
| Total Expenses | \$ 23,429.00 | \$ 3,670.00 | \$ 5,586.00 | \$ 4,192.00 | \$ 23,429.00 | 3,670.00 |
| Net Operating Income | \$ (22,901.00) | \$ 7,969.00 | \$ (5,058.00) | \$ 5,965.00 | \$ (22,901.00) | \$ 7,969.00 |

Other Miscellaneous Income

| | | | | | | | | | | | | |
|----------------------------------|----|-------------|----|-----------|----|------------|----|-----------|----|-------------|----|-----------|
| Total Other Income | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| Taxes - Local | | | | | | | \$ | 350.00 | | | \$ | - |
| Miscellaneous Expense | | | | | | | | | | | | |
| Automobile Expense | \$ | - | | | | | | | \$ | - | | |
| Meals | | | | | | | | | | | | |
| Travel Expense | | | | | \$ | - | | | | | | |
| Owner Compensation - Greg Cowan | \$ | 1,000.00 | | | \$ | 1,000.00 | | | \$ | 1,000.00 | | |
| Owner Compensation - Kathy Cowan | \$ | 1,000.00 | | | \$ | 1,000.00 | | | \$ | 1,000.00 | | |
| Interest & Credit Expense | | | | | | | | | | | | |
| SBA Interest Expense | \$ | - | | | | | | | \$ | - | | |
| Finance Charge | | | | | \$ | - | | | | | | |
| Total Other Expenses | \$ | 2,000.00 | \$ | - | \$ | 2,000.00 | \$ | 350.00 | \$ | 2,000.00 | \$ | - |
| | | | | | | | | | | | | |
| Net Income | \$ | (24,901.00) | \$ | 7,969.00 | \$ | (7,058.00) | \$ | 5,615.00 | \$ | (24,901.00) | \$ | 7,969.00 |
| Ending Cash | \$ | 35,099.00 | \$ | 43,068.00 | \$ | 36,010.00 | \$ | 41,625.00 | \$ | 16,724.00 | \$ | 24,693.00 |

Label Matrix for local noticing

0542-1

Case 25-10395-smr

Western District of Texas

Austin

Tue Mar 25 19:28:53 CDT 2025

(p)ASCENTUM CAPITAL

ATTN BANKRUPTCY

23970 US 59 NORTH

KINGWOOD TX 77339-1535

Cowan Fitness South Round Rock LLC

808 Shady Bluff Cv.

Round Rock, TX 78665-5644

U.S. BANKRUPTCY COURT

903 SAN JACINTO, SUITE 322

AUSTIN, TX 78701-2450

Cowan Fitness North Round Rock LLC

808 Shady Bluff Cove

Round Rock, TX 78665-5644

Firestone Financial, LLC

c/o Berkshire Bank

100 Westminster Street

Providence, RI 02903-2363

First National Bank

4140 E. State Street

Hermitage, PA 16148-3401

Gregory Robert Cowan

808 Shady Bluff Cove

Round Rock, TX 78665-5644

HTS Texas

2251 Picadilly Drive Suite B260

Round Rock, TX 78664-8657

Katherine Danneman Cowan

808 Shady Bluff Cove

Round Rock, TX 78665-5644

Rassier Properties

3006 Bee Caves Road Suite C-250

Austin, TX 78746-6788

Rassier Properties

Attn: John Rassier

321 Hartz Avenue Suite 7

Danville, CA 94526-3336

The County of Williamson, Texas

c/o McCreary, Veselka, Bragg & Allen

P.O. Box 1269

Round Rock, TX 78680-1269

U. S. Small Business

Office of Disaster Assistance

14925 Kingsport Road

Fort Worth, TX 76155-2243

Ultimate Fitness Group, LLC

6000 Broken Sound Pkwy NW

Boca Raton, FL 33487-2704

United States Trustee - AU12

United States Trustee

903 San Jacinto Blvd, Suite 230

Austin, TX 78701-2450

Wells Fargo Bank NA

Po Box 51174

Los Angeles, CA 90051-5474

Wells Fargo Bank, NA

625 Marquette Avenue 13th Floor

Minneapolis, MN 55402-2308

Eric Terry

Eric Terry Law, PLLC

3511 Broadway

San Antonio, TX 78209-6513

Frank B. Lyon

Frank B. Lyon, Attorney

PO Box 50210

Austin, TX 78763-0210

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Ascentium

23970 Hwy 59 N

Kingwood, TX 77339

End of Label Matrix

Mailable recipients 19

Bypassed recipients 0

Total 19